

An Essay

on

Puerperal Peritonitis.

Respectfully Submitted to the

Faculty

of the

Homoeopathic Medical College.

of

Pennsylvania.

On the first day of February.

One thousand eight hundred & fifty, seven.

By

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of

New Hampshire

Gentlemen;

In Submitting for your consideration an Essay upon Child-bed fever, it is proper that I should remark that I make no claim to originality, either in the description or treatment of the disease, my knowledge of either has necessarily been obtained from books, rather than learned by experience or practice. With such Authors as were within my reach I have endeavoured to make myself familiar, and I shall try to present a clear exposition of its leading symptoms, with the basis of a reasonable, and thoroughly Homoeopathic treatment. Such

as I deem it the duty of every one,
before he assumes the responsibility
of conducting a case of labor, to
be as well informed upon, as he
may be, without the experience
that he can obtain only by prac-
tice.

Puerperal Fever, is generally
 ushered in with a chilly fit
of greater or less intensity, and of
variable duration, but this is or-
dinarily short. This is succeeded
by heat of the skin, thirst, flushed
face, quickened pulse, and hur-
ried respiration; there is also,
generally, suppression of the lo-
chia, or the suppression may
have been the first symptom

noticed, at other times, the
Lochia continues to flow as usu-
ual, and is sometimes even
increased; The pain that usu-
ally accompanies these symp-
toms, is of a most distressing
character, it commences in the
hypogastric, or one of the iliac
regions, and increases with
great rapidity as the disease
progresses, this pain is however
not always present, and there
are instances on record of a fatal
termination where no pain was
experienced: The heat is ordina-
rily of short duration, and is
succeeded by the natural tempera-
ment of the skin, or in some in-

Stanced by greater coolness;

The pain is generally accompanied from the first by tenderness of the hypogastrium which as the inflammation proceeds, becomes exquisite, so that the patient is unable to bear the slightest pressure, or even the weight of the bed clothes; The pulse is quick, small, and wiry, although in mild cases it is sometimes strong and full. Its rapidity varies from 110, to 140, or even 160, in a minute.

Among the earlier symptoms, are flatulent distention of the bowels, or tympanitis, this consists in the inflation of the intestinal tube, and not as some have thought,

in inflation of the peritoneal sac,
the air or gas of which the swelling
is composed, is extricated from
the food, or drink, of the patient,
while in a state of fermentation,
owing to an impaired state of
the digestive force. But this is
not all, the alimentary tube, whose
outer investment consists of peri-
toneum, refuses to contract, and
the gaseous distended portions of the
tube whose muscular fibres
do not act, or act with so little
force as to allow the bowels to
become greatly distended, or
completely blown up like a
bladder, thus they frequently
become so tense as to resound

like a drum upon percussion.

This tympanitis often causes a distressing dyspnea by pressing upon the diaphragm, and thus circumscribing the action of the lungs.

Nausea and vomiting, also, frequently accompany, or precede, this disease, the first matter voided is commonly simple ingesta mixed with a little mucus, afterwards greenish or bilious matter, becoming darker as the disease progresses until it assumes the appearance of fine coffee grounds, and is nearly black. This is the black vomit, and is doubtless caused

by the inflammation of that part of the peritoneum which covers the Stomach.

Diarrhoea is sometimes present, although there is more commonly constipation, with suppression, or diminution in quantity of the urine, which is often high colored, or turbid.

Puerperal fever generally follows Labor within from two, to four days; but it may occur either earlier or later.

Sometimes it makes its attack even before labor begins, and in other cases is deferred until the third week of confinement, or even later;

Among the probable causes which predispose to this disease, are, the severe pressure which occurs during the expulsive efforts for delivery, the extreme extension which the membrane has suffered in the last weeks of gestation, the violent excitation of the womb itself by labor pains, and the complete relaxation of the membrane and its adjacent tissues following the birth of the child.

The pressure produced by the bearing down of the womb in labor is often so great and so long continued, that an effect analogous to contusion cannot

fail in many instances of taking place. Since the whole power of the abdominal muscles is expended in propelling the fundus of the womb towards the os-uteri. Such contusions would be very likely to be followed by inflammation which would readily spread to contiguous portions.

Beside these, we have a great variety of other causes. Such as eating improper food, too early, or too free use of cold drinks, chill from a current of air, injuries from the use of instruments, or resulting from means used to procure abortion, the too early

resumption of Sexual intercourse,
retention of portions of the plu-
centa, Mental emotions, such as
fear, anger, &c, and last tho
not least, to ~~great~~ haste to sit
up. In addition to this, puer-
peral fever is often epidemic,
and at such times many phy-
sicians have considered it to
be contagious. This however is
extremely doubtful, the balance
of testimony so far as I can
judge, being against the doc-
trine of contagion. in regard
to this however, I think the safer
course would be that of Mr.
Baudeloque, who looks upon
the facts as being, opposed to the

doctrine of contagion, yet
not as settling the question,
and it would be presumptuous
he thinks to affirm that there is
no contagiousness, and that dis-
believing in contagion he
would nevertheless hold him-
self bound to act in all cases
as though contagion were pos-
sible.

Be this as it may there is, un-
questionably, an epidemic in-
fluence or atmospheric constitution
which, in extensive districts of
country, in villages, and in
towns and cities, and especially
in crowded lying-in hospitals,
determined by an unknown

force the attack of child-bed fever, and so modify the pathogenic conditions as to hurry numerous victims to the grave, and the mortality at such times has been fearfully great under old School treatment.

From the coincident prevalence of child-bed fever, and erysipelas, it has been by some supposed that there is a unity of causes for the two diseases, and this I remember was particularly insisted upon by Prof. Goldsmith. he thought that at such times there was no safety for the parturient woman but in flight, and advised that

they go to another state.

The Diagnosis of this disease is not always plain, as it may be mistaken for severe after pains, &c. &c. for this reason it is highly important to pay particular attention to those pains of which puerperal women so often complain. If they go off perfectly, leaving intervals between the contractions, and especially if in those intervals there is no soreness of the hypogastric or iliac regions upon pressure made there on with the hand; or if the woman can cough without producing pain in the hypogastrium; or if suddenly drawing up the

thrusts, or rotating the lower extremities, produces no pain in the lower part of the belly, they are of little consequence, but if they do not leave the patient with good intervals of freedom from pain they should be looked to.

True after pains are also accompanied with perceptible contractions of the uterus, which is absent in puerperal fever, again the constitutional disturbance is much greater in puerperal fever, and it augments every day while in hysterical it decreases.

Still it is not always easy to distinguish between the two, especially in the earlier stages.

We have this to comfort us that
failure in diagnosis will not
lead to such fatal results in
practice as under the "bleeding
cure."

Among other means of arriving at a correct conclusion we have position, a woman who labors under acute peritoneal fever is commonly found lying upon the back with the knees drawn up, the hands are rarely to be seen crossed upon the abdomen— they are lying by the side, or across the breast, or are employed in holding up the bed clothes, whose weight is apt to give pain if pressed upon

the belly;

Every attempt to put down the legs or to bring them up, or to rotate them gives pain, because that a contraction of the psoas, or iliacus internus, or of the recti, or oblique muscles of the abdomen, gives much pain to the inflamed peritoneum, hence the woman lies very still, or if she moves it is with the head and arms, she always endeavours to keep the body and lower limbs quiet, hence the mere decubitus is important as a diagnostic sign;

Although under Alopustic treatment puerperal fever has

proved very fatal, from one third, to two thirds, ~~and many~~ times even more of their patients dying. Still I think I may venture to give the Prognosis, as favourable under ordinary circumstances, with Homoeopathic treatment;

Among the favourable indications are, diminution of the rapidity of the pulse, increased ability to move herself in bed, the respiration becomes more slow and deep, the urine is more abundant, the lochial discharge returns, thirst diminished, the tumefaction and soreness of the abdomen becomes

less, and the pain gradually
ceased;

On the other hand, to find
the pulse increasing in rapidity
while it also becomes more feeble,
with diminished heat of the mem-
bers, and augmented heat of the
body; to discover a disposition
to hicough with eructations of
fluid into the mouth, an anx-
ious expression of countenance,
high and frequent respiration,
with an increased ability to
move the legs, and diminish-
ed pain on pressure, is to
learn that effusion is about
taking place and the patient
will die, there soon comes on

vomiting of fluid, green at first, afterward black, the patient mutters, she picks the bed clothes, the hands and feet acquire a livid hue, and are clammy. The pulse becomes smaller and smaller, and the patient dies.

If the inflammation ends in resolution, the patient recovers, if in effusion she dies;

I am aware that many will differ with me in this, and that we have a variety of medicines recommended for the effusion. but when we consider the extent of the inflamed surface, I think the ground for

rape is small after the disease arrives at this point;

The treatment of puerperal peritonitis, requires close attention on the part of the physician, and he should be upon the watch that he may recognize it upon its first appearance, for its cure is much more sure and easy if it is treated soon after its commencement.

For this reason the physician should never leave his patient without giving most explicit directions in regard to his being immediately notified of any change for the worse; nor should he trust to this

alone, but should call frequently, and be minute in his enquiries as long as there is any danger.

The hygienic treatment consists in a strict diet if the patient does not nurse, and in very light food if she does; and here I will remark that it is always better for her to do so if possible, as it will be beneficial to the mother, and will not as many suppose, injure the child; tepid water, drinks are allowed, and there should be an absolute repose of body and mind;

The most common remedies in

use in this disease are Acon.,
Bell., Bry., Merc., Cham., Nux. vom.,
Caloc., Hyos., Arn., Rhus., Plat. and
Sulph.

In the commencement as in
all other inflammatory diseases,
the first remedy is,

Aconite, the indications for its
use are, violent fever, with dry
and burning heat, great desire
for cold drinks, redness and
heat in the face, oppressed and
mourning respiration, great
sensitiveness to pain, with rest-
lessness, and fear of death;

If Acon. does not prove sufficient
or if we were not called early
enough for the exhibition of Acon.

it is probable that Bay. or Bell.
will be indicated;

Belladonna. if there is great
distention of the abdomen, with
tympanitic resonance on percuss-
ion, pain as if the bowels were
grasped by claws or nails, violent
pressure toward the genital or-
gans, redness of the face and
eyes, throbbing of the carotids,
Spasms in the fauces, delirium
with profound sleep, or want
of sleep, swollen and inflam-
med breasts, uterine hemorrhage;

Chamomille. flabby and emp-
ty breasts, with whitish diarrhoea,
scanty lochia, choleric like labor
pains, nocturnal aggravation of the

Lochia becomes bloody, with
evacuation of clots of blood.

Mercury, in cases where
Bell. is not sufficient, or in
alternation with it, especially
if the cerebral symptoms are
less marked than the abdominal,
Yellowish or earthy countenance,
profuse pyrexia, bloody stool
with tenesmus, dark putrid
urine, profuse sweat and
nightly aggravations;

Alia Comica, when the lochia
disappears suddenly with a sens-
ation of heaviness and burning
in the genital organs, or to
profuse lochia with pain in
the back, Strangury and burn-

ing when urinating, constipation, nausea and vomiting, redness of the face, rheumatic pains, or numbness of the thighs and legs, confusion of the head, or headache with vertigo, tinkling in the ears with Syncope, or where the patient has indulged in the use of ardent Spirits;

Hegasiemus, if Bell. is not sufficient for the cerebral and typhoid symptoms, with frightful visions, or loss of consciousness, frequent discharge of coagulated blood, convulsions, and spasms in the throat;

Platina, excited sexual inst-

tinct. or nymphomania, with voluptuous crawling in the parts, discharge of thick black blood, head ache, restlessness, and weeping, it is especially suited to women of a proud disposition;

Sulphur, suitable for women who are subject to chronic eruptions, or where we recognize psora as a predisposing cause, or where the medicines best indicated by the symptoms remain without effect, or produce incomplete results;

Arnica, where the inflammation results from injuries;

If black vomit sets in, the best remedies are, the Sub Ni-

truth of Bismuth, Nitrate of Silver,
or Verutrum;

If the Tympunitis proves ob-
stinate it may often be relieved
by passing a catheter above the
Sphincter ani?

But the vocation of the physician
consists not alone in meeting out
drugs and medicine, many a
life may be saved by means
of the Supporting consolations,
and the recovering exhortations,
that may fall from the lips of
a medical man who is known
to be worthy of confidence and
trust,

The function of the true phy-
sician goes beyond the mere ex-

hibition of his doses, there is a
power in his presence, and in
his deportment; and there is in
the expression of his opinion, and
in his decision, a real power
over the mind and body of his
patient, more true, and more
usefull than the vaunted Mes-
meric force.